

Policy and Procedure Manual

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Antimicrobial Stewardship in Community Nursing

POLICY

Westmont Community Care recognises that inappropriate and overuse of antimicrobials contributes to the emergence of resistant bacteria and causes consumers harm.

Westmont commits to helping safeguard the effectiveness of antimicrobials through infection prevention and control, education and involvement in antimicrobial stewardship (AMS) activities.

PROCEDURES

Clinical Governance

The Director of Community Care will use clinical governance systems to improve the safety and quality of care for consumers. This includes:

- Prioritising and promoting AMS as a strategic safety and quality goal of Westmont
- Ensuring that the clinical governance framework, and quality improvement systems and processes relating to AMS are robust, and that the AMS is incorporated into strategic planning
- Participating in the AMS committee and program
- Supporting AMS and communicating to staff why appropriate antimicrobial use is a priority
- Providing appropriate resources for the AMS team and supporting them to operate within the clinical governance framework
- Scheduling time to review progress and provide advice
- Supporting the AMS team in promoting accountable clinical practice to staff
- Ensuring nurses receive appropriate orientation, and ongoing education and training regarding AMS
- Monitoring both the type and frequency of education to ensure all staff are provided with education and training that will enable them to deliver safe care
- Ensuring that consumers receive appropriate information regarding AMS
- Engaging a senior nurse to champion and support the AMS program
- Reviewing the Aged Care National Antimicrobial Prescribing Survey (acNAPS)
- Reporting the outcomes of audits and surveys, and action plans to the CEO, the Board, staff and consumers (where relevant)

Role of Nurses

Nurses will only provide clinical care within their scope of practice.

Nursing practice will involve consumer assessment, the development and implementation of consumer care plans, and evaluations of outcomes.

Nursing activities will include:

- Recognising signs of sepsis
- Assessing infection risk and making decisions about precautions to be put in place
- Implementing standard and transmission-based precautions and practices to prevent infection
- Administering antimicrobials safely
- Monitoring consumer responses
- Educating consumers and/or their carers about safe and appropriate medication use in line with their scope of practice
- Involving consumers and/or their carers in their care and decisions about appropriate antimicrobial use in line with their scope of practice

Nurses will work in line with the Antimicrobial Stewardship Clinical Care Standards to ensure that a consumer with a bacterial infection receives optimal treatment with antibiotics. This includes:

- Receiving prompt antibiotic treatment
- Taking samples as clinically indicated
- Providing information to the consumer and/or carer on their condition and treatment

- Ensuring prescribed antibiotics are in accordance with the current version of the Therapeutic Guidelines
- Providing information on the prescribed antibiotics
- Ensuring prescribed antibiotics is documented in the consumers health record
- Reviewing treatment and changing treatment if necessary
- Reviewing microbiology testing in a timely manner

Nurses will maintain current knowledge of the Australian Therapeutic Guidelines.

Measurement and Evaluation

Westmont will track and report antimicrobial management and outcomes.

Measurement will include regular audits as part of the Continuous Quality Improvement Plan and on an intermittent basis, including surveys or questionnaires, Feedback Forms and Infection Reports.

Measurement will include improved consumer outcomes and improved consumer safety.

Outcomes of the data collection will be reviewed and reported. Action plans will be developed where opportunities of improvement are identified.

AMS Model Formulary

A formulary is a list of medicines, including antimicrobial agents, that has been approved by an authority for use within an organisation, network or nationally. Formulary systems establish rules governing medicine use.

In the community, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme act as the formulary. It will be the responsibility of the consumers doctor and pharmacist to maintain the formulary and monitor the consumers safety, disease state complexity, antimicrobial resistance, as well as best practice prescribing and public health interests.

Date approved:	September 2020	By Department:	DCC		
Updated:	January 2022				Minor wording changes.
To be reviewed:	September 2023	By Department:		Key changes:	

Code of Conduct

POLICY

Westmont Community Care respects and supports the fundamental right of our consumers to continue living independently in their own homes and communities with dignity and respect, along with choice and inclusion in relation to their care needs and being free to engage an advocate and/or representative of their choice.

Westmont Community Care's Code of Conduct sets out, in principle, the behaviours and standards of conduct expected of all staff.

PROCEDURES

Staff agree to always:

1. Respect:

- a) Treat consumers, family members and representatives, with respect and dignity at all times.
- b) Recognise that each consumer is an individual, with individual needs, inclusive of those with complex, or more specialised needs.
- c) Respect peoples personal, cultural, linguistic and religious preferences and background.
- d) Provide services with empathy and sensitivity, without exploitation, abuse, discrimination or harassment.
- e) Respect the consumers right to choose the services they want and from whom they want it, free from victimisation.
- f) Respect staff and do not engage in any discussion with clients about other staff, their work or pass comment or judgement of staff and Westmont.

2. Professionalism:

- a) Act professionally, ethically and honestly, and in the best interests and wellbeing of the consumer.
- b) Deliver reliable, high quality and personalised services, acting in accordance with the instructions, care plan and/or care goals of the consumer.
- c) Be aware of the appropriate professional boundaries in providing services to consumers, and act to protect the boundaries of the professional relationship.
- d) Immediately report any form of abuse or neglect of a child, an elder or a person with a disability to the Director of Community Care or authorised delegate.
- e) Immediately report any accident or incident to the appropriate emergency service (e.g. Police, Fire, Ambulance) and Director of Community Care or authorised delegate, that occurs during the provision of service.
- f) Immediately report any episode or incident which raises concerns about the standards of services provided by another staff member.
- g) Document all details of any accident/incident that occur during service delivery and lodge within 24 hours of incident.
- h) Not act in a vulgar manner, nor expose consumers or any member of consumers' households to pornographic, sexually explicit or otherwise inappropriate material.
- i) Not be under the influence or alcohol or drugs at any time while providing care services to the consumer.
- j) Understand the importance of effective communication and communicate openly and honestly with consumers, and their family members or representatives.
- k) Maintain and keep up to date all required qualifications, police checks, Working with Children Checks, licenses, insurances and registrations.

3. Privacy:

- a) Keep confidential all personal information and records of the consumers. This includes but is not limited to the safe storage of information required to carry out the appropriate services as requested by the consumer.
- b) Not take advantage of any personal or sensitive information (including health and financial information) of the consumer obtained during providing services.

4. Health and safety:

- a) Act with due diligence in regard to the health, safety and wellbeing of the consumer and other staff.
- b) Execute services safely and in accordance with the appropriate standards and relevant legislation relating to service provision.
- c) Only provide services for which you are capable and qualified to provide, and which are safe to provide.
- d) Report any concerns regarding the health and safety of the consumer immediately to the Director of Community Care or authorised delegate. In an emergency, to immediately call 000. In the event of an accident/incident, to document all details relating to the event on an Adverse Event Form.

5. Financial matters and conflicts:

- a) Avoid situations which may give rise to financial or other conflicts of interest.
- b) In general, staff must not deal with the finances of consumers (if a situation arises where this is necessary, staff does so ensuring the best interests of consumers are upheld, and that any actions, advice or decision of the staff member are not influenced by self-interest or for personal gain, or other improper motives). Staff undertake to record details of any occasion where financial transactions are required.
- c) Staff are not to accept gifts from consumers which are, or could be reasonably interpreted as, inappropriate given the nature of the relationship between the staff member and consumers. In situations where a gift has been received, the staff member undertakes to advise the family and/or the consumer's chosen representative and the Director of Community Care or authorised delegate, and record details of the gift received.

6. Ethical behaviour:

- a) Act honestly and truthfully.
- b) Ensure all information provided to Westmont and to the consumers is honest, accurate and up to date.
- c) Accurately record and report to Westmont the amount of hours during which the services are legitimately provided to consumers.
- d) Act in good faith to Westmont and not act in a manner which is contrary to the interests of Westmont.
- e) Not offer to provide or provide services to consumers on terms, other than those disclosed to Westmont. If a consumer approaches a staff member to provide care services on terms other than those disclosed in the care plan, the staff member must immediately notify Westmont of the request.
- f) Not request or receive cash payments or other forms of compensation from consumers directly, in respect of services which are provided, which should properly be billed and paid via Westmont.

7. Compliance:

- a) Observe all policies, procedures, work instructions, rules and regulations.
- b) Comply with all Federal, State and local laws and regulations.
- c) Comply with all reasonable, lawful instructions and decisions related to staffs work.
- d) Maintain the confidentiality of Westmont's operations in relation to service activities, confidential documentation and work practices during and after employment.

8. Dress code:

- a) Dress to comply with workplace health and safety regulations relevant to work activities.
- b) Wear the prescribed Westmont uniform.
- c) Dress in the Westmont uniform presenting a clean, neat and tidy appearance.
- d) Wear no or minimal jewellery.
- e) Consult with the Director of Community Care or authorised delegate if unsure of the type of clothing to be worn.

9. Phones, email and internet:

- a) Limit the personal use of mobile phones during work hours.
- b) Limit the personal use of email and internet during work hours.
- c) Comply with copyright regulations when using the internet or email.

Date approved:	December 2019	By Department:	Executive		
To be reviewed:	December 2022	By Department:		Key changes:	

Consumer Care Plan and Service Reviews

POLICY

Periodic reviews of the consumer's Care Plan ensure processes are in place to monitor the health, needs, goals and preferences of the consumer, recognise and respond to changes in a consumer's condition and services and supports are in line with the consumers Care Plan.

Consumer service reviews may occur because of feedback or incidents or in line with the agreed Care Plan review date.

PROCEDURES

1. The review date of the Care Plan is agreed to during the development of the Care Plan and Service Agreement with the consumer and/or their representative. We inform the consumer that a review can occur earlier if their health, needs, goals or preferences change. The consumer or their carer and the Westmont delegate will sign and date the Care Plan.
2. The review may be conducted in person or over the phone. Nursing Care Plans will be reviewed in person if possible. (Dependent on pandemic restrictions)
3. During the review we will:
 - a) Review the current Care Plan to identify the consumer's initial health, needs, goals and preferences.
 - b) Review the Client Communication Notes to determine whether services are being conducted as agreed to in the Care Plan or there are changes in the consumer's condition.
 - c) Review the current Individual Emergency Plan and/or Individual Pandemic Plan to ensure consumer contact details, medical information, emergency contacts and emergency instructions are current, and update the Individual Emergency Plan and/or Individual Pandemic Plan as required.
 - d) Review the current Client Profile form to check whether the consumers communication, mobility, medical or other needs, identified risks or values have changed, and update the Client Profile form as required.
 - e) Complete the consumer Service Review Form and identify any actions required.
4. After the review we will:
 - a) Determine whether a new Care Plan needs to be developed, or a new Individual Emergency Plan, Individual Pandemic Plan, OHS Home Inspection Checklist or Shower Assessment needs to be completed.
 - b) Address and complete any identified actions.
 - c) Provide the consumer and/or their carer with updated documents and care plan for review and signing.
 - d) Request the signed updated care plan and/or documents be resubmitted for recording on the client record.
 - e) Provide the consumer with fully signed and validated updated documentation.

Date approved:	June 2019	By Department:	DCC		
To be reviewed:	June 2022	By Department:		Key changes:	1.1 Updated September 2020 – Community Nursing

Consumer Contribution

POLICY

Westmont Community Care will discuss and agree on the consumer's contributions to the cost of services prior to services being provided.

This policy incorporates the principles of the National Guide to the Client Contribution Framework.

PROCEDURES

The consumer's contribution fees are reviewed annually. Fee levels are set in relation to a consumer's income, and their partner's income, if applicable. The consumer's contribution will be consistent and will not exceed the actual cost of service provision. Generally, bundling of services is not offered.

Information on the consumer's contribution and fees are provided to the consumer in the Home and Community Care Services Information Booklet. Information includes why the consumer needs to pay fees, how much the fees will be, how fees can be paid and what happens if a consumer cannot pay their account.

The consumer's contribution to the cost of services are discussed and agreed with the consumer during the development of the Care Plan and Service Agreement.

Consumers are given the opportunity to complete a Direct Debit Request Form to allow Westmont Community Care to direct debit the consumer contribution of costs month from the consumer's bank account. Alternatively, payments can be made in person via cheque, credit card or EFTpos.

If an account is outstanding Westmont Community Care will work with the consumer to reach an agreement whereby the consumer can manage payment of fees with a payment plan. If a consumer has a genuine difficulty paying the fee, Westmont Community Care can make a recommendation on a fee reduction or waiver. Fee reductions and waivers are time limited and reviewed regularly.

If a consumer has received (or is receiving) a compensation payment that is intended to cover some or all of the costs of home-based care and services, funding gaps will be billed to the individual client to ensure full cost recovery of the services.

Date approved:	February 2020	By Department:	Executive		
To be reviewed:	February 2023	By Department:		Key changes:	

Consumer Emergency Plan

POLICY

The objective of this policy is to ensure consumers are prepared in the event of an emergency.

PROCEDURES

Westmont Community Care will provide all consumers with information on where to get information in an emergency, find warnings and updates. Westmont will encourage clients to:

- Plan their medical needs
- Ensure they have a support network of people they know and trust in an emergency
- Have emergency phone numbers in an easily accessible location
- Plan for somewhere to go in an emergency
- Pack an emergency kit

Westmont will give all consumers the opportunity to complete an Individual Emergency Plan (IEP). The IEP will collect relevant medical information about the consumer including medical history, allergies, ongoing vital medications, medical aids and equipment, and emergency contact names and numbers.

Westmont will ask the consumer if they have permission to take certain actions if the consumer does not answer or is not home for a scheduled service or visit. Westmont will ask:

- Can a staff member look through a consumer's windows to check they have not fallen or collapsed?
- Can a staff member ask a consumer's neighbours if they know where the consumer might be?
- Does anyone have a spare key to the consumer's home?
- Can this person be contacted and enter the consumer's home to check if the consumer is OK?
- Can a staff member enter the consumer's home with this person?
- Can Westmont contact the Hospital to see if the consumer has been admitted?
- Can Westmont contact the Police if we cannot locate the consumer?
- Can the consumer evacuate themselves in an emergency?
- Does the consumer have people or community support networks to help them in an emergency?
- If no, does the consumer want to be added to the Vulnerable Persons Register (Victoria only)?

The completed and returned IEP will be scanned and maintained electronically on the consumer's file. Details of the consumer's emergency contact persons will be recorded and/or updated in Carelink. Westmont will review the IEP for the consumer in the event of a consumer emergency and ensure appropriate actions are taken. Westmont will encourage clients to advise if their emergency details change.

When Carer Feedback forms are returned from staff, the Client Care Coordinator will review the form to ensure no changes are required on the IEP.

Westmont will enter relevant consumers on the Vulnerable Persons Register. If a consumer is on the Vulnerable Persons Register, Westmont will ring the consumer weekly to check their health and welfare.

Westmont will keep a Contingency Plans and Emergency Procedures folder in hard and electronic copy, ensuring active consumer lists with contact details is maintained. This folder will be updated every three months.

Date approved:	September 2020	By Department:	DCC		
To be reviewed:	September 2023	By Department:		Key changes:	

Consumer Incident Management

Note: This Policy and Procedure must be read in conjunction with Westmont Aged Care Services Ltd Occupational Health & Safety Policy & Procedure Manual.

POLICY

Westmont Community Care will implement and maintain a system to record and manage incidents that happen in connection with providing supports and services to consumers.

DEFINITIONS

A consumer incident is defined as 'an event or circumstance that occurred during service delivery and resulted in harm to the consumer'.

Major impact incidents include:

- The unanticipated death of a consumer
- Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma
- A pattern of incidents related to one consumer, when taken together, meet the level of harm to a consumer defined above. This may be the case even if each individual incident is a non-major impact incident

Non-major impact incidents include:

- Incidents that cause physical, emotional or psychological injury or suffering, without resulting in major impact as defined above
- Impacts to the consumer which do not require significant changes to care requirements, other than short-term interventions (for example, first aid, observation, talking interventions or short-term medical treatment)
- Incidents that involve a consumer but result in minimal harm
- Incidents that do not otherwise meet the criteria for 'major impact' above

An incident investigation is defined as 'a formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil, disciplinary or administrative sanctions'.

An incident review is defined as 'analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm'.

PROCEDURES

Consumer incidents that occur during delivery of services and result in harm to a client must be reported to the Department or Funding Body of the client. Commonwealth Department of Health (DOH), Victorian Department of Health and Human Services (DHHS), Department of Veterans Affairs (DVA), National Disability Insurance Scheme Quality and Safety Commission (NDIS QSC) according to the relevant reporting requirements and documented in Westmont Client Incident Management System (CIMS).

The effective management of consumer incident has five stages.

1. Identification and response

Identification is when an incident is disclosed to, or observed by, Westmont staff at any service delivery setting. This includes disclosure by a consumer, family member or other professionals to Westmont.

Response covers the immediate activities undertaken to ensure the safety and wellbeing of consumers, staff and visitors, preserve evidence and notify emergency services and family or other support people.

2. Reporting

Reporting captures specific information regarding the incident identified.

As part of this stage, follow-up is undertaken to ensure that the information provided in an incident notification is accurate, and Westmont and the relevant department are assured that appropriate actions are being planned and undertaken to manage the incident.

3. Incident investigation

An investigation is a formal process of collecting information to ascertain facts which may inform future risk management, quality improvement and/or subsequent criminal, civil, disciplinary or administrative sanctions.

The purpose of an incident investigation is to determine whether there has been abuse or neglect of a consumer by a staff member or other consumer, in relation to an allegation in a consumer incident report.

4. Incident review

A review is the analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and any subsequent learnings to apply to reduce the risk of future harm. Such reviews may be carried out by Westmont (including the department) or external bodies.

Incident reviews are distinguished from accident investigations, which have a focus on determining whether there has been abuse or neglect of a consumer by a staff member or other consumer.

5. Analysis and learning

Analysis and learning include monitoring and acting on trends identified through the analysis of consumer incident information to enhance the quality of services and supports to consumers.

Informing the consumer of the incident management system

Westmont will ensure information about our incident management system is up to date and maintained in easily accessible formats for staff and consumers. Consumers will be informed of the incident management system prior to services commencing through communication with the Client Care Coordinator and our Client Information Booklet.

Incident occurs

When an incident occurs, staff must ensure the immediate safety, health and wellbeing of themselves, the consumer and other involved parties, providing or obtaining medical attention and notifying emergency services as required.

Incidents must be reported to the Director of Community Care immediately or as soon as possible after the incident. Details of the incident are recorded on the Adverse Event Form by the staff member involved as soon as possible after the incident or within 24 hours of the incident occurring.

Incident review

The Director of Community Care will review the details of the incident to determine the type of incident that occurred, how it occurred and what action was taken to support or assist the consumer or person involved. Where required, the Director of Community Care will phone the consumer and/or their nominated emergency contact and provide support and assistance to the consumer to ensure their health, safety and wellbeing and involve them in the management and resolution of the incident.

The incident will be assessed and consider the views of the consumer affected by the incident to determine:

- a) Whether the incident could have been prevented.
- b) How well the incident was managed and resolved.

- c) What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact.
- d) Whether other persons or bodies need to be notified of the incident.

Reporting an incident

For major impact incidents, Westmont will notify the relevant department as soon as possible and within 24 hours and record the details of the incident on the client incident register.

For non-major impact incidents, Westmont will record the key details of the incident in the client incident register and provide a monthly report to the Westmont Board of Directors and the relevant department if it is a requirement.

Incident investigation

Westmont will conduct an incident investigation for major impact incidents involving:

- Abuse of a consumer by a staff member or another consumer (this includes physical, sexual, financial and emotional/psychological abuse)
- Poor quality of care
- Unexplained injury

Data analysis

The Director of Community Care will monitor the incidents recorded on the client incident register to identify trends or patterns and report outcomes to the Westmont Board of Directors.

Training

Staff will receive information and training on our incident management processes at induction, at meetings and refresher training and is a requirement of all staff position descriptions.

Date approved:	January 2021	By Department:	DCC		
To be reviewed:	January 2024	By Department:		Key changes:	

Consumer Individual Pandemic Plan

POLICY

The objective of this policy is to ensure consumers are prepared and plans to meet their needs are addressed in the event of a pandemic outbreak.

PROCEDURES

Westmont Community Care will provide all consumers with information on how to protect themselves and where to get help, information, find warnings and updates in the event of a pandemic outbreak.

Westmont will encourage consumers to:

- Plan for their essential and non-essential care requirements
- Document their support network of people they know and trust for help if needed
- Have emergency phone numbers in an easily accessible location
- Plan for accessing daily needs in the event of lockdown or movement restrictions
- Prepare an emergency kit of essentials

Westmont will work with DVA Community Nursing consumers receiving clinical and personal care to document and implement their own Individual Pandemic Plan (IPP) to ensure their clinical needs are addressed and managed as effectively as possible in the event of a pandemic outbreak.

Westmont will document the consumer choices, contacts and information that is relevant to their clinical and personal care, including:

- The consumers essential and non-essential care requirements
- What if any, of the consumer services can be delivered remotely and how that will be facilitated
- What other services may help prevent clinical or health deterioration and how to access them
- A listing of the consumers immediate support network of family, carer and friend's names and contacts, who may be able to provide assistance in the event of a disruption to services
- How the consumer will access medications and/or consumable items during the pandemic
- Westmont Community Care contacts and phone listing
- Consumers General Practitioner, pharmacist, next of kin or other nominated contact person
- Pandemic National Helpline – E.g. National Coronavirus Helpline – 1800 020 080
- If the consumer is registered on the Vulnerable Persons Register (Victoria only)
- Westmont will refer to consumer Individual Emergency Plans (IEP) in developing the individual pandemic plan to ensure currency of IEP contacts and confirm consumer choices in the event of an emergency.

The Individual Pandemic Plan (IPP) will be conducted in person where possible, with the consumer, by an Registered Nurse (RN) or Enrolled Nurse (EN) for clients receiving clinical care, and Nursing Support Staff (NSS) for clients receiving personal care, or the most appropriate staff member for the consumer.

The consumer will review their draft Individual Pandemic Plan (IPP) and sign off on the draft document. It will then be formally documented and signed by the staff member who completed the plan with the client. The finalised IPP will then be scanned and maintained electronically on the consumers file and the original returned to the consumer for their reference. Details of the IPP will be made available to those staff who are directly involved in providing services and those managing pandemic and emergency situations.

IPP's will be reviewed upon significant community movement and/or lockdown changes as notified by Government or authorised Departments, or as consumer needs change, for the duration of the pandemic situation and in the event of an emergency involving the consumer.

When Carer Feedback forms are returned from staff, the Consumer Care Coordinator will review the feedback form to ensure any changes to the consumers IPP are actioned and notified to the RN in charge.

Westmont will keep a Contingency Plans and Emergency Procedures folder in hard and electronic copy, ensuring active consumer lists with contact details is maintained. This folder will be updated every three months.

Date approved:	September 2020	By Department:	Executive		
To be reviewed:	September 2023	By Department:		Key changes:	

Consumer Not Responding to a Scheduled Service or Visit

POLICY

The purpose of this policy is to provide guidance to Westmont Community Care staff and volunteers when a consumer does not respond to the phone, doorbell or knock on the door at a time when the consumer had said they would be available to see the staff or volunteer.

Westmont will ensure there is a planned and documented response for when a consumer does not respond to a scheduled service or visit.

PROCEDURES

Individual Emergency Plan

Westmont requests the consumers authorisation to complete an Individual Emergency Plan (IEP) prior to or at the first service to ensure there is a planned approach for when a consumer does not respond to a scheduled service or visit. The IEP is developed in consultation with the consumer or their carer and is individualised for each consumer. If a consumer does not want to complete an IEP, this should be documented.

Emergency contact details recorded on the IEP and checked and updated on Carelink. The completed IEP is scanned and attached to the consumers records in Carelink and the original IEP is returned to the consumer.

Consumers with an external Care Manager or Registered Nurse will be notified if a scheduled service or visit does not take place.

The IEP will be reviewed as part of the regular Care Plan review.

Access to the consumers home

The Westmont delegate may discuss with the consumer to option of a spare key to the consumers home being accessible and when it may be used. A spare key may be left in a locked box outside the consumer's home, with a neighbour or with a family member/friend.

Westmont Schedulers will record information about the consumer's keys when rostering the service when the consumer has spare keys to their home. This information will be kept secure to prevent unauthorised people discovering the key or combination to a locked box.

If there is a key to the consumer's home left in a locked box this will only be used to access a consumer's home if:

- Previously agreed by the consumer
- The consumer is physically unable to open the door
- The consumer has a hearing impairment and we know this is preventing him/her from hearing the staff or volunteer at the door
- The consumer has locked him/herself out
- We know the consumer is alive but can't open the door

Consumer is not responding

If the consumer is not at home or responding when the staff or volunteer arrives, the staff or volunteer will make reasonable efforts to assess the situation by looking through windows, knocking loudly, checking doors and calling out. If there is no response the staff or volunteer must ring Westmont and advise the situation and remain at the consumer's home for further instructions.

A staff member may access the consumer's home with a key as detailed above.

A Westmont delegate must try to ring the consumer. If there is still no response the delegate will phone the specified contact/s from the IEP and ask if they know the whereabouts of the consumer. If the specified

contact/s are contacted they are to take on the responsibility for following through on investigation and action.

If authorised by the consumer on the IEP, Westmont will Contact the Hospital to check if the consumer has been admitted to hospital.

If there are no specified contact/s the Director of Community Care, Westmont delegate or staff member will notify the Police.

Details, including actions and conversations, are recorded in Carelink. Where the consumer has an external Care Manager, information will be provided to the Care Manager at the earliest possible time.

Consumer responsibilities

The consumer or their carer must notify Westmont if the consumer is not going to be home for a scheduled service or visit.

The consumer is responsible for informing Westmont if there are changes to specified contacts or their details.

Date approved:	September 2020	By Department:	DCC		
To be reviewed:	September 2023	By Department:		Key changes:	

Consumer Service Reviews

POLICY

Periodic reviews of the consumer's Care Plan ensure processes are in place to monitor the needs, goals and preferences of the consumer, recognise and respond to changes in a consumer's condition and services and supports are in line with the consumers Care Plan.

Consumer service reviews may occur because of feedback or incidents or in line with the agreed Care Plan review date.

PROCEDURES

5. The review date of the Care Plan is agreed to during the development of the Care Plan and Service Agreement with the consumer and/or their representative. We inform the consumer that a review can occur earlier if their needs, goals or preferences change. The consumer or their carer and the Westmont delegate will sign and date the Care Plan.
6. The review may be conducted in person or over the phone.
7. During the review we will:
 - f) Review the current Care Plan to identify the consumer's initial needs, goals and preferences.
 - g) Review the Client Communication Notes to determine whether services are being conducted as agreed to in the Care Plan or there are changes in the consumer's condition.
 - h) Review the current Individual Emergency Plan to ensure consumer contact details, medical information, emergency contacts and emergency instructions are current, and update the Individual Emergency Plan as required.
 - i) Review the current Client Profile form to check whether the consumers communication, mobility, medical or other needs, identified risks or values have changed, and update the Client Profile form as required.
 - j) Complete the consumer Service Review Form and identify any actions required.
8. After the review we will:
 - f) Determine whether a new Care Plan needs to be developed, or a new Individual Emergency Plan, OHS Home Inspection Checklist or Shower Assessment needs to be completed.
 - g) Address and complete any identified actions.
 - h) Provide the consumer with any updated relevant documentation.

Date approved:	June 2019	By Department:	Executive		
To be reviewed:	June 2022	By Department:		Key changes:	1.1 Updated September 2020 – Community Nursing

Cytotoxic Drug Administration

POLICY

Westmont Community Care nursing staff may be involved in administering cytotoxic drugs in the consumer's home.

When establishing a drug administration area in the consumers home a risk management framework will be applied to ensure that cytotoxic drugs are safely administered.

PROCEDURES

Administration

Exposure while administering drugs may occur through:

- Handling cytotoxic drugs
- Spills
- Splashes to the skin or eyes
- Inhalation of airborne contaminants
- Sharps injuries

Nursing staff will apply the hierarchy of control measures to the administration of cytotoxic drugs and ensure the following risk control measures are implemented:

- Only undertake a drug administration service with risk control measures
- Use closed drug administration devices where possible
- Follow correct administration procedures
- Drugs intended for administration are appropriately packaged, labelled and ready to use
- Cytotoxic orders will be identified by using a specific cytotoxic medication chart
- Ensure secure and labelled storage of waste and sharps containers to minimise exposure to cytotoxic waste
- Provide information, training and education about the side effects of cytotoxic drugs to the consumer and carer
- Ensure that equipment used are well maintained and in good working order
- Ensure access to emergency equipment (for emergency procedures) is available
- Correct PPE is used for the administration of all cytotoxic drugs

Drug Administration Area

Nursing staff will ensure:

- Sufficient room for movement of staff around the consumer during drug administration
- Secure storage of cytotoxic waste and sharps containers
- Secure storage of cytotoxic waste ready for disposal
- Washable chairs and other furnishings (where possible)
- Liquid resistant mattress covers (where possible)
- A system for obtaining and updating health and safety information such as safety data sheets, in a place accessible to nursing staff
- Hand-washing facilities
- Facilities for storage and disposal of PPE
- Secure storage facilities for cytotoxic drugs
- Ensure there are pre-administration checklist strategies for nursing staff

Cytotoxic Drug Administration

Prior to administration the nursing staff must ensure the consumer is deemed fit for treatment.

Pre-treatment assessment, at baseline and prior to each cycle, will include:

- Review the full blood count, renal and liver function tests prior to each treatment cycle and as recommended and notify the consumers GP if the blood parameters are abnormal
- Review symptom/side effect toxicity
- Allergy and drug reaction history
- Performance status
- Weight, height, body surface area and any changes in weight of more than 10% is referred to the consumers GP
- Psychosocial screening
- Consumer or carer consent gained
- Use recommended equipment

Safe Work Practices

Safe work practices will include:

- Identifying consumers undergoing cytotoxic drug treatment
- Correct use of PPE
- Appropriate administration techniques
- Appropriate management of cytotoxic waste
- A documented spill management strategy which includes
 - Advice to clean up spills immediately
 - Written instructions on how to manage a spill in an ambulatory situation
 - Information on the contents of a spill kit
- Laundering contaminated linen and clothing

Caring for Consumers in their Home

All nursing staff administering cytotoxic drug therapy in the consumer's home must:

- Be adequately trained and competency assessed to do so
- Ensure that all cytotoxic drugs taken into a consumer's home are appropriately packaged and labelled
- Ensure the equipment meets recommended standards
- Prepare cytotoxic drug therapy under the same conditions as all other cytotoxic drug therapies

Before proceeding with cytotoxic drug therapy, the nurse will verify that the following facilities are available:

- Hand washing facilities
- Laundry facilities
- Access to a flushable toilet
- Appropriate waste disposal
- A consumer administration area, preferably set up in a non-carpeted area of the home

The nursing staff will verify that the following equipment is available:

- Spill kit (suitable for home use) and instructions
- Cleaning and decontaminating agents
- Approved container for sharps
- Cytotoxic waste container/bag
- Personal protective equipment
- Extravasation kit
- Safety data sheet relevant for the cytotoxic drug
- Details of whom to contact in case of an emergency

Consumers, family and carers will be provided with education, including written health and safety information.

Date approved:	February 2021	By Department:	DCC		
Updated:	January 2022				Minor wording changes.
To be reviewed:	February 2024	By Department:		Key changes:	

Delegation of Care

POLICY

Westmont Community Care must ensure that all community nursing services delivered by an Enrolled Nurse (EN) and/or others are planned, delegated, supervised and documented by a Registered Nurse (RN).

GLOSSARY

Delegation is the relationship that exists when an RN delegates aspects of their nursing practice to another person such as an EN, care worker or student. Delegations are made to meet peoples needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility for making the delegation decision, which includes assessment of the risks and capabilities. In some instances, delegation may be preceded by teaching and competency assessment.

Enrolled Nurse (EN) is a person who provides nursing care under the direct or indirect supervision of a RN. EN's are accountable for their own practice and remain responsible to a RN for the delegated care.

Registered Nurse (RN) is a person who has completed the prescribed education preparation, demonstrates competence to practices and is registered under the Health Practitioner Regulation Law as an RN in Australia.

Supervision includes managerial supervision, professional supervision and clinically focused supervision.

PROCEDURES

Westmont Community Care will ensure RN's:

1. Are responsible and accountable for supervision and delegation of nursing activity of EN's and others.
2. Work in partnerships and delegate responsibilities, however, not every RN will delegate clinical practise to EN's or others.
3. Use delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved outcomes.
4. Accept accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibility.
5. Appropriately delegate aspects of practice to EN's and others, according to their scope of practice and role.
6. Provide effective, timely direction and supervision to ensure that delegated practice is safe and correct.

Date approved:	April 2020	By Department:	Executive		
To be reviewed:	April 2023	By Department:		Key changes:	

Dignity of Risk

POLICY

Consumers have the right to make their own decisions and to act independently, even when those actions may involve an element of risk to themselves.

Staff must consider the consumer's 'dignity of risk' – their right to make decisions for themselves and balance the benefits of activities against the possible dangers.

PROCEDURES

When considering the consumer's dignity of risk staff will:

1. Assess:
 - a) The consumer's awareness of the risk.
 - b) The likelihood of the foreseeable harm occurring.
 - c) The seriousness of the risks involved.

Table 1: Risk Category Table

		CONSEQUENCE				
		Insignificant	Minor	Moderate	Major	Extreme
LIKELIHOOD	Almost certain (More than 9 times out of 10)	Medium	Medium	High	Critical	Critical
	Likely (Between 5 and 9 times out of 10)	Low	Medium	High	High	Critical
	Possible (Between 2 and 5 times out of 10)	Low	Medium	Medium	High	High
	Unlikely (Between 1 and 2 times out of 10)	Low	Low	Medium	Medium	High
	Rare (Less than 1 time out of 10)	Low	Low	Low	Medium	High

Table 2: Consequence Rating Table

Insignificant	Minor	Moderate	Major	Extreme
<ul style="list-style-type: none"> • Less than first aid injury or • Brief emotional disturbance. 	<ul style="list-style-type: none"> • First aid injury or • Emotional disturbance impacting more than two days – does not require treatment. 	<ul style="list-style-type: none"> • Substantial injury resulting in medical treatment or • Temporary impairment or • Development / exacerbation of mental illness requiring treatment or • Some cases of abuse/neglect of the person. 	<ul style="list-style-type: none"> • Significant injury causing permanent impairment or • Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment or • Significant faults allowing significant abuse/neglect of people receiving support. 	<ul style="list-style-type: none"> • Avoidable death of a person or • Systemic faults allowing widespread abuse/neglect of people receiving support.

2. Provide the consumer with neutral information about the foreseeable harm and/or benefit.
3. Consider the risks versus the rights of the consumer.
 - Risks – ‘If I fail to take care of this situation, is it likely to lead to some sort of injury to another person?’
 - Rights – ‘Are my actions likely to deprive the consumer of their rights?’
4. Support the consumer to exercise choice and make independent decisions.
5. Do what is reasonable to avoid injury by:
 - a) Adjusting activities or situations to minimise foreseeable harm.
 - b) Empowering the consumer to take control and responsibility for risky situations.
 - c) Safeguard others from injury.
6. Record the dignity of risk situation on the Dignity of Risk Decision Making Agreement and ensure the consumer and/or representative signs to acknowledge that they understand the risks and that their behaviour must not pose a risk to any other person.

Date approved:	June 2019	By Department:	Executive		
To be reviewed:	June 2022	By Department:		Key changes:	

DVA Community Nursing Incident Management and Reportable Incidents

POLICY

Westmont Community Care will respond to incidents in a manner that is just and fair to all parties and ensure that incidents are reported, investigated, documented and resolved as quickly as possible and as per the relevant government legislation, regulations, guidelines and service delivery contracts. Westmont will implement and maintain a system to record and manage incidents that happen in connection with providing supports and services to all consumers including:

- a) Incidents that have, or could have, caused harm to a consumer receiving supports or services; and
- b) Acts by a consumer that happen in connection with the provision of supports or services and have caused serious harm, or a risk of service harm to another person; and
- c) Reportable incidents that are alleged to have occurred in connection with the provision of supports or services.

RELATED LEGISLATION / REGULATIONS / CONTRACTS

Aged Care Act 1997

Occupational Health and Safety Act 2004

WorkSafe Victoria

Consumer Incident Management (Vic) per Funded Agency Channel guidelines

Department of Health Home Care

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

Department of Veterans Affairs – Veterans Home Care and Community Nursing

Westmont Aged Care Services Ltd Policy and Procedures

DEFINITIONS

Reportable incident	<p>A reportable incident means:</p> <ol style="list-style-type: none"> a) The death of a consumer; or b) Serious injury of a consumer; or c) Abuse or neglect of a consumer; or d) Unlawful sexual or physical contact with, or assault of, a consumer; or e) Sexual misconduct committed against, or in the presence of, a consumer, including grooming of the consumer for sexual activity; or f) The use of restrictive practice in relation to a consumer, other than where the use is in accordance with an authorisation of a State or Territory in relation to the consumer; or g) The use of restrictive practice in relation to a consumer where the use is not in accordance with a behaviour support plan for the consumer; or h) An alleged reportable incident.
The sexual or physical contact is not a reportable incident if	<ol style="list-style-type: none"> a) The act is unlawful physical contact with a consumer; and b) The contact with, and impact on, the consumer is negligible.
The use of restrictive practice is a reportable incident if	The use is not in accordance with a behaviour support plan for the consumer.
The use of restrictive practice is not a reportable incident if	<ol style="list-style-type: none"> a) The use is in accordance with a behaviour support plan for the consumer; and b) The State or Territory in which the restrictive practice is used does not have authorisation process in relation to the use of the restrictive practice.
Incidents	Incidents include alleged incidents.

PROCEDURES

1. If the incident is an emergency, appropriate emergency services / authorities will be contacted in the first instance.
2. We ensure information about our incident management system is up to date and maintained in easily accessible formats for staff and consumers.
3. Prior to services commencing, the consumer and/or their representative/s is informed of and provided with information about our incident management system.
4. Incidents are reported to the Director Community Care immediately or as soon as possible after the incident.
5. Details of the incident are recorded by the staff member attending to the consumer, on the Adverse Event Form as soon as possible after the incident or within 24 hours of the incident.
6. Where required, we will provide support and assistance to the consumer affected by an incident to ensure their health, safety and well-being and involve them in the management and resolution of the incident.
7. When we become aware that a reportable incident has occurred in connection with the provision of supports or services, we will notify the consumers funding body and relevant agencies on the day of the occurrence, or within 24 hours and provide required information when the reportable incident is:
 - a) The death of a consumer; or
 - b) The serious injury of a consumer; or
 - c) The abuse or neglect of a consumer; or
 - d) The unlawful sexual or physical contact with, or assault of, a consumer; or
 - e) Sexual misconduct committed against, or in the presence of, a consumer, including grooming of the consumer for sexual activity.
8. When we become aware that a reportable incident has occurred in connection with the provision of supports or services, we will notify the consumers funding body as soon as practical but within 5 business days and provide required information if the reportable incident is not of a kind listed above.
9. We will keep accurate up to date records of all information about a reportable incident or a further reportable incident.
10. Incidents will be assessed and consider the views of consumers affected by the incident to determine:
 - e) Whether the incident could have been prevented;
 - f) How well the incident was managed and resolved;
 - g) What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;
 - h) Whether other persons or bodies need to be notified of the incident.
11. Staff will receive information and training on our incident management processes.

Date approved:	October 2020	By Department:	DCC		
To be reviewed:	October 2023	By Department:		Key changes:	

HCP Client Fuel Reimbursement Policy

POLICY

Westmont will reimburse consumers from their Home Care Package (HCP) funds according to the Australian Aged Care Quality Standards, Department of Health HCP Program Manual, Quality of Care Principles and User Rights Principles.

Quality of Care Principles state 'excluded' items, including the use of package funds as a source of general income for the consumer.

PROCEDURES

Exceptional Circumstances

In general, a HCP should not be used to pay for petrol, as petrol is a general household expense, except for exceptional circumstances. Exceptional circumstances are when:

- The consumer is rural or remote

And the travel is to access medical, health and social supports that:

- Support the consumers ability to remain living independently in their homes
- Help consumers remain connected to the community they live in and they would otherwise have difficulty attending

1. The HCP Care Manager and the consumer will discuss and agree on the exceptional circumstances under which petrol can be funded from the consumers HCP.

OR will refer the consumer to alternative transport service providers or the Victorian Patient Transport Assistance Scheme (VPTAS).

2. The HCP Care Manager will ensure all fuel reimbursements meet the exceptional circumstances.
3. The decision and its justification will be documented in the consumer's care plan.

Determining Transport Needs

1. The HCP Care Manager will work with consumers to determine what their medical transport needs are.
2. The fuel reimbursement is accurately documented in the consumer's care plan and will include:
 - a) What the need is.
 - b) What goal will be met by meeting that need.
 - c) The strategy of how it will occur.
 - d) What the Care Manager and the consumer will do to help meet the need.
 - e) What the outcome is/what was achieved.

Reimbursement for Fuel

1. The HCP Care Manager, in consultation with the consumer, will complete a Fuel Calculator Form and include the:
 - a) Estimated travel distance of the exceptional circumstance/medical appointment.
 - b) Need, goal, strategy and what the consumer will do.
2. The fuel reimbursement is based on an average car consuming 10 litres per 100 kilometres travelled. The cost of fuel is based on \$1.40/litre.
3. Formula = (kilometres divided by 100) x 10 x \$1.40.

Fuel Cards may be issued in advance to the estimated value of the travel if it would cause hardship for the consumer to pay and then wait for reimbursement.

Date approved:	June 2021	By Department:	Director – CC		
To be reviewed:	June 2024	By Department:		Key changes:	

Immunisation

POLICY

Westmont Community Care staff, volunteers and contractors may be at risk of exposure to diseases, including some of which are preventable by vaccination.

Westmont aims to have all staff vaccinated for influenza annually unless they are unable to have the vaccination for medical reasons. We encourage volunteers and contractors to be vaccinated for influenza annually.

Westmont will aim to have all staff vaccinated for other diseases as deemed necessary by state or national health departments.

PROCEDURES

Staff have duty of care to take reasonable care for their own health and safety and must not adversely affect the health and safety of other people.

Westmont informs all staff about the necessity of vaccinations at induction, through their employment contract and annually.

All staff must have an influenza vaccination by 30 April annually and provide evidence of vaccination to the Quality and Compliance Coordinator. Staff will be reimbursed for the cost of the influenza vaccination.

Staff who are unable to have an influenza vaccination or other vaccinations deemed necessary by state or national health departments for medical reasons they must provide a medical certificate. Contraindications to vaccinations that the Chief Medical Officer has confirmed are allowed are:

- a) A history of previous anaphylaxis following vaccination.
- b) Those who have the Guillain-Barre Syndrome following a previous vaccination; or
- c) These on check point inhibitor drugs for cancer treatment.

If a staff member has made it clear that they have no intention of being vaccinated and there are not medical exemptions that would otherwise allow the staff member to work, then it may be necessary to terminate the employment of that staff member.

All vaccination records are kept on file electronically.

For further information regarding vaccinations please refer to the Australian Immunisation Handbook at immunisationhandbook.health.gov.au

Date approved:	February 2021	By Department:	DCC		
To be reviewed:	February 2024	By Department:		Key changes:	

Infection Control – Community Nursing

Click [here](#) to open to this Policy and Procedure.

Infection Control

Note: there are two sections to this Policy and Procedure. Section one relates to 'normal' processes to be followed on a day-to-day basis.

Section two relates to 'additional' processes to be followed in addition to 'normal' process during a pandemic (eg coronavirus).

POLICY

Infection control is the responsibility of staff, contactors and volunteers.

SECTION ONE

PROCEDURES

Standard Precautions

Standard precautions include hand washing, wearing personal protective equipment, disposal of waste, using aseptic techniques and managing staff infections.

1. Wash your hands:
 - Before and after client contact
 - Before putting on gloves and when they are removed
 - Before and after meal breaks
 - Before handling food or food utensils
 - When contaminated with body substance
 - After touching a contaminated surface or material
 - Before handling medical equipment
 - After personal toileting or handling toilet equipment
 - After smoking
 - After blowing your nose
2. Cover any wounds you have with a waterproof dressing.
3. Wear gloves if likely to touch any body fluid, wet or dirty linen and when cleaning toilets or spills of urine/faeces.
4. Wear an apron, gown and eye protection when you are risk of being splashed by a body substance or when caring for a client who has an infection that may be spread by direct contact.
5. Wear a mask if you have a cold and are giving care to clients or if you are likely to be splashed by a body substance.
6. Dispose of waste appropriately.

Wearing Gloves

Care staff and cleaners must always wear gloves:

- If it is likely to touch any body fluid or non-intact skin of all clients
- If touching wet, dirty linen
- When cleaning toilets or spills of urine/faeces
- When cleaning baths, showers, hand wash bowls, shower and toilet chairs
- If checking or changing dressings
- When undertaking personal care tasks with clients
- When handling and applying medications, creams, ointments, drops, tablets and capsules (including non-medicated ointments and creams)

Refer to the Work Instruction WI.Co.W.42... Care Staff Medications Assistance for further clarification on wearing gloves when handling all types of medications.

Personal and Hand Hygiene

1. Keep hands and fingers away from your mouth, nose, hair, ears and eyes.
2. Keep fingernails trimmed and clean.
3. Wear clean clothing and uniform.

Protective Clothing and Equipment (PPE)

1. Wash hands before putting on PPE.
2. Remove PPE as required.
3. Dispose of used PPE appropriately.
4. Wash hands.

Staff Infections

1. Notify the Director of Community Care or relevant delegate before commencing work if you have:
 - Diarrhoea or vomiting
 - Influenza or cold
 - Scabies/Lice
 - Chicken Pox
 - Weeping skin lesions or wound infections
 - Shingles
 - A rash
 - Any other infectious illness
2. Notify the Director of Community Care or relevant delegate if you are pregnant and have been asked to care for a client who has an infectious illness.

Immunisation

It is a condition of employment that staff participate in the annual flu vaccination and Covid vaccination.

SECTION TWO

PROCEDURES

Reporting Requirements

The Statutory Rules 2020 of the Occupational Health and Safety (Covid-19 Incident Notification) Regulations 2020 will be followed:

- a) To improve the information available to WorkSafe Victoria to reduce the risks to health and safety in the workplace arising from Covid-19; and
- b) To notify WorkSafe Victoria immediately after becoming aware that an employee has been diagnosed with the disease Covid-19.

An employee (staff) includes an independent contractor engaged by the employer or any employee of the independent contractor and volunteers.

Notification will occur immediately when:

- Westmont Community Care has received a confirmed Covid-19 diagnosis of an employee (staff) and has attended the workplace within the infectious period; or
- When a self-employed person has received a confirmed Covid-19 diagnosis and has attended the workplace within the infectious period.

Wearing Face Masks and PPE

Staff will wear face masks and all other Personal Protective Equipment (PPE) as directed by the Victorian State Government and Department of Health and Human Services.

Practice Good Hygiene Practices

All staff will practice good hygiene practices, including:

- Cover coughs and sneezes with elbow or a tissue
- Put used tissues straight in the bin
- Wash hands often with soap and water
- Use alcohol-based hand sanitisers
- Avoid touching own eyes, nose and mouth
- Clean and disinfect frequently used objects such as benches, desks and doorknobs
- Clean and disinfect frequently used objects such as mobile phones, keys, wallets and work passes
- Increase the amount of fresh air available by opening windows or adjusting air conditioning

Office Staff Communication with Clients

When communicating with clients, office-based staff will ask clients:

- Have you organised and have enough medications?
- Do you have any Doctors appointments due?
- Are you washing your hands frequently?
- Are you social distancing by at least 1.5 metres?

Office staff will seek advice from the Manager if there are any issues.

When communicating with clients, office-based staff will advise the client:

- Staff will be wearing face masks, safety glasses and shields and PPE
- Staff cannot provide services if there are non-essential people, such as visitors in the client's home
- The client must notify Westmont Community Care immediately if they are unwell or are displaying symptoms of the virus

- Clients will be required to sit in the rear passenger seat of a carers car for transporting services and wear a mask
- Staff will sign the Roster on behalf of the client
- Staff can take a client's bank/credit card for a shopping service, providing it a pay wave chip and a pin is not required for transactions under \$100
- They will be asked to complete a Dignity of Risk form if they still want to go out for shopping and respite services, stating they are aware of the risks

Before Entering the Clients Home

All staff will ask the following questions prior to entering the client's home to provide services:

1. Do you or anyone in the house have a fever or acute respiratory infection (cough, sore throat, shortness of breath, runny nose or loss of smell) that is not part of the person's usual health condition?
2. In the last 14 days, have you or anyone you have spent time with been in contact with a confirmed case of Covid-19?
3. In the last 14 days, have you or anyone you have had contact with required testing for Covid-19 or have been asked to self-isolate?
4. Are there any visitors present in the house who do not live here?
5. Have you had contact with anyone from Melbourne in the last 14 days?

If the client answers YES to any of the screening questions, staff will leave the client's home and notify Westmont immediately.

Providing Services in the Clients Home

When providing services in the client's home staff will:

- a) Where possible, ask the client to open the door and let them in and avoid touching door handles and rails.
- b) Practice social distancing wherever possible when providing the service.
- c) Routinely wash hands with soap and water and dry using paper towel.
- d) Don PPE, including apron, shoe covers, mask, glasses/goggles and gloves.
- e) Complete the service as directed.
- f) At the completion of the service, remove apron, shoe covers and mask. Roll these inside the apron, then remove gloves, turning them inside out and then glasses/goggles.
- g) Wash your hands and goggles with soap and water, and dry using paper towel.
- h) Complete the roster and sign on behalf of the client.
- i) Ask the client to open the exit door to leave without touching door handles and rails if possible.
- j) Sanitise hands before you get into their car.

Client Transport Services

When transporting clients, staff will:

- Advise the client that they must sit in the rear passenger seat of the car or provide sufficient social distancing/space in a bus and wear a face mask if current protocol states
- Wipe out their car between clients when they do need to transport them with diluted methylated spirits or sanitiser wipes

Staff are Unwell

Staff must notify Westmont Community Care immediately if they are unwell.

Unwell staff will be advised as directed by the Victorian State Government and Department of Health and Human Services.

Westmont Community Care will advise staff who are feeling unwell to:

- Stay at home
- Check symptoms. For Covid-19 this may include fever, chills or sweats, cough, sore throat, shortness of breath, runny nose and loss of sense of smell or taste
- Get tested and return home immediately
- Wait for the test results and stay at home
- If the test is negative, return to work
- If the test is positive, self-isolate for 14 days
- Return to work if self-isolated for 14 days and have recovered

Date approved:	June 2019	By Department:	Executive		
To be reviewed:	June 2022	By Department:		Key changes:	1.1 Updated January 2020 – wearing gloves 1.2 Updated April 2020 – pandemic practices 1.3 Updated August 2020 – screening questions; reporting WorkSafe

Medication

POLICY

We encourage our consumers to maintain their independence by managing their own medications in a safe and effective way.

Where documented on a consumer's Care Plan, staff will provide medication assistance or administration.

Staff will only provide medication assistance or administration that is consistent with their level of training and competence.

DEFINITIONS

Medication	Includes prescription and non-prescription medicines, including complimentary health care products.
Medication assistance	Includes reminding, prompting and/or assisting the client with self-medication. This includes dispensing medication from a Webster Pak or Dossett Box. The client retains responsibility for the medication.
Medication administration	The actual administration of medication. Staff are responsible for the medication being taken correctly.
Medication incident	<p>A medication incident is any event where the expected course of events in the support and/ or administration of medications is not followed. It may include:</p> <ul style="list-style-type: none">• Incorrect medication being given• Incorrect dose, time or route given• Out of date medication• Missing medication• Client refuses medication• Adverse side effects• Incorrect storage of medications (eg: cold storage)

QUALIFICATIONS AND TRAINING

Medication assistance may only be provided by care staff who have completed the relevant medication units and minimum of Certificate III in Individual Support (or equivalent).

Medication administration can only be provided by Registered Nurses (RN's) and Endorsed Enrolled Nurses (EEN's) if they are medication endorsed.

Care staff, RN's and EEN's will complete appropriate and annual training to maintain competency to assist with or administer medication.

RESPONSIBILITIES

Care staff may only provide services that are consistent with their level of training and competence. Care staff are not authorised to make clinical judgements. Clinical judgements are the responsibility of RN's and EEN's.

Table 1

Care staff, RN's and EEN's can only assist with or administer medication as detailed below.

Form of Medication	Care staff	RN's	EEN's
Tables, pills or capsules	May only dispense medication from a Webster Pak or Dossett Box in accordance with pack instructions	May administer medication providing there is a completed Medication Chart	May administer medication providing there is a completed Medication Chart
Topical ointments, creams and patches	May apply following documented instructions	May apply following documented instructions	May apply following documented instructions
Eye, ear or nose drops	May administer following documented instructions	May administer following documented instructions	May administer following documented instructions
Oral liquids	May dispense following documented instructions	May dispense following documented instructions	May dispense following documented instructions
Schedule 8 medications	CANNOT assist or administer UNLESS packed in Webster Pak or Dossett Box	May administer following documented instructions if medication endorsed and double checked with an RN or EEN	May administer following documented instructions if medication endorsed and double checked with an RN or EEN

PROCEDURES

1. Care staff, RN's and EEN's must:
 - a) Follow relevant Work Instructions that support this policy.
 - b) Read consumer roster notes prior to assisting with or administering medication.
 - c) Ensure the medication has been ingested/applied and documented in the consumers Communication Folder.
 - d) Wear gloves and follow standard infection control precautions when assisting with or administering medication.

2. Care Staff must:
 - a) Only assist with administration of medications ordered or approved by the consumer's Medical Practitioner.
 - b) Refer to and follow the Medication Chart or Webster Pak/Dossett Box instructions.
 - c) Notify the relevant Community Care delegate if there is any query regarding the medication before it is administered.

3. RN's and EEN's must:
 - a) Only administer medications ordered or approved by the consumers Medical Practitioner.
 - b) Refer to and follow the Medication Chart. They are to contact the consumers Medical Practitioner concerned if there is any query regarding the medication before it is administered.
 - c) Double check some high-risk medications (as listed in Table 2) prior to administration. The double-checking process requires two RN's or one RN and one EEN (within their scope of practice) to check the medication. This process must be adhered to using the Seven Rights of Medication Administration principles.

4. If medication is not taken or there is a medication incident, staff must document this in the consumers Communication Folder and notify the relevant Community Care delegate immediately and complete an Adverse Event Form.

Table 2

Medication which requires double checking.

Schedule 8 (S8) – When not packed in a Webster Pack or Dossett Box. Medicines with strict legislative controls, including opioid analgesics (eg: fentanyl, morphine, oxycodone, methadone, buprenorphine, ketamine, Alprazolam)
Schedule 11 – When not packed in a Webster Pack or Dossett Box. Prescriptions only medicines, also described as ‘Drugs of Dependence (eg: Panadeine fort Benzodiazepines)
Injectable drugs – intravenous, intramuscular, subcutaneous and epidural routes
High Risk (‘PINCH’) medications – Potassium intravenous, Insulin, non-packed Narcotics, non-packed Chemotherapeutic agents and low-molecular weight Heparin and Warfarin
Verbal or telephone order medication
Neonatal and Paediatric medications

Date approved:	June 2019	By Department:	Executive		
To be reviewed:	June 2022	By Department:		Key changes:	1.1 Updated August 2020 – Community Nursing

Nursing – PICCs Policy

Click [here](#) to open this Policy and Procedure.

Risk Management

Note: This Policy and Procedure must be read in conjunction with Westmont Aged Care Services Ltd Contingency Plans and Emergency Procedures Manual.

POLICY

Home visits and community activities

A consumer's home is considered a workplace while staff and volunteers are providing services. When accompanying a consumer on a community activity the community environment is also considered a workplace. Westmont Community Care will develop and implement a framework integrating a systematic approach to identifying hazards and risks associated with delivering and providing services at a consumer's home or in the community.

Westmont will train, educate and support staff and volunteers to prevent and minimise safety hazards and risks associated with delivering services in a consumer's home or in the community.

Westmont will not provide services in a consumer's home or in a community setting where a formal assessment has identified that the risks associated with providing those services poses and unacceptable risk.

Maintenance of a safe work environment for staff and volunteers is a joint responsibility for staff, volunteers and managers. Westmont staff or volunteers who identify a potential safety hazard or risk while delivering and providing services in a consumer's home or in the community will always be required to consult with the Director of Community Care or relevant delegate .

Working alone

Westmont understands staff and volunteers who are required to work alone, in isolated areas or after hours may face different levels of risk due to various factors such as exposure to violence or poor access to emergency assistance. In order to eliminate, and if this is not reasonably practicable, minimise the risks to staff and volunteers when working alone, undertaking work in isolated areas or working after hours, Westmont will utilise the risk management process in line with Westmont's risk management framework in the Westmont Aged Care Services Ltd Emergency Procedures Manual.

DEFINITIONS

Community activities – any activity based in a community environment that is not under the direct control of Westmont, where a staff or volunteer provides services and supports to a consumer.

Home visit – where a staff or volunteer attends a consumer's home that is not under the direct control of Westmont for the purposes of assessing or providing services at the consumer's home.

Working alone – means working anywhere a person is unable to get immediate assistance from other staff or other persons.

Remote or isolated work – means work that is isolated from the assistance of other persons because of the location, time or nature of the work.

After hours – means a period of time when normal weekday operations have ceased or where work is conducted after a certain period.

PROCEDURES

Prior to visiting the consumer's home

A delegated staff member will complete the Pre-Home Visit Risk and Safety Screening Phone Checklist prior to the development of the care plan and/or providing services to a consumer to determine staff and volunteer safety.

If a risk is identified, the delegated staff member will discuss the issue with the Director of Community Care to determine whether Westmont can provide services to the consumer. The Director of Community Care will record and review the risk using the Risk Investigation Tool (RI). An initial home visit to the consumer will only proceed if the Director of Community Care has reviewed any identified risks and implemented sufficient controls to ensure staff and volunteer safety.

Home safety inspection

The Home Inspection (OHS) Checklist is completed by a Westmont delegate prior to a staff or volunteer providing services to a consumer. The completion of this risk assessment will determine any safety issues and special provisions required for each individual consumer. The risk assessment may include:

- Access to the home
- Whether there is adequate parking and lighting
- Whether paths and steps to the home are safe
- Animals and pets in and around the home and neighbourhood
- Any evidence of intimidation, assault or harassment
- Fire and electrical safety
- Identifying slip and trip hazards and manual hazards
- Mobility of the consumer
- Condition of cleaning equipment and whether it meets Westmont's Domestic Assistance Guidelines
- Whether the consumer's cleaning chemicals meet Westmont's Domestic Assistance Guidelines
- Slope and trip hazards of front and rear yards

The Westmont delegate will determine whether any risks identified are considered low risk and able to be managed with existing procedures. Information about the risk is recorded in consumer service notes and/or Carer Notes.

If a risk is considered medium/significant or high/extreme it is referred to the Director of Community Care to determine whether Westmont can provide services to the consumer. The Director of Community Care will record and review the risk using the Risk Investigation Tool (RIT). An initial home visit to the consumer will only proceed if the Director of Community Care has reviewed any identified risks and implemented sufficient controls to ensure staff and volunteer safety.

The Home Inspection (OHS) Checklist can be reviewed and updated as the consumers needs or environment changes. Staff are encouraged to complete Carer Feedback forms for any consumers where they observe changes in care needs, mental or emotional changes, changes in family situations or living arrangements, changes in eating habits, falls, injuries or damage to consumer property, and hospitalisation.

A new Home Inspection (OHS) Checklist is developed if a consumer moves to a new home or the existing document is more than five years old.

Staff and volunteer movement

Westmont maintains staff and volunteer contact details electronically.

Westmont maintains an electronic roster for all care staff and cleaners. Care staff and cleaners are required to provide services at the time rostered or within 15 minutes of the start and end time. Care staff and cleaners must ring Westmont and advise if they are running later than 15 minutes for a rostered service. Care staff and cleaners must always carry their phone on them while providing services to consumers.

Volunteers delivering Meals on Wheels follow a set delivery run, which is maintained electronically. This allows Westmont to know where a volunteer is delivering meals to within the delivery period. Volunteers are encouraged to carry their phone on them when delivering Meals on Wheels.

All office staff must complete the staff in/out board at reception when they are leaving the office to provide services or visits to consumers. The staff member must record details of who they are visiting or task in Outlook and record their estimated return time on the in/out board. If the staff member has not returned within half an hour of the estimated return time, Westmont will call the staff member to check on their health and safety.

Social Connections staff will maintain a consumer pick up and return home bus sheet with consumer names, phone number and address when picking up and dropping off consumers attending Social Connections programs. Staff must always carry a phone with them when picking up and dropping off consumers.

If an outing is programmed for Social Connections, staff must complete an Outing Risk Assessment prior to the outing or ensure there is an Outing Risk Assessment filed that is less than 12 months old. The Outing Risk Assessment review includes wheelchair and bus accessibility, gradient and surface of walkways, steps and outdoor cover, seating and whether there is a disabled toilet. Any identified risks are recorded as well as the control processes to manage risks.

The program notes will indicate the expected time of arrival at the nominated venue and return time. Staff must carry a phone on the outing and report back to Westmont where an outing has gone beyond the expected timeframe. Staff will take first aid kits and emergency information for consumers.

If a risk is considered medium/significant or high/extreme it is referred to the Director of Community Care, who will record and review the risk using the Risk Investigation Tool (RI). An outing will only proceed if the Director of Community Care has reviewed any identified risks and implemented sufficient controls to ensure staff, consumer and volunteer safety.

All staff must follow the 'Worker in Danger' Work Instruction at all times.

Equipment

Staff must carry a mobile phone that is appropriately charged and in good working order. Staff must have 000 and Westmont phone numbers programmed into their phone.

Care staff and cleaners, and staff taking consumers on outings, have first aid kits and carry sufficient personal protective equipment (PPE) to provide the service. Staff should only carry their mobile phone and car keys when providing services in a consumer's home.

Providing services in the consumer's home

The following safety procedures should be adhered to by all staff and volunteers when providing services in the consumers home:

- Park on the street in a well-lit place where you can't be parked in or obstructed
- Be cautious when entering a consumer's home
- If an unfamiliar person opens the door, make sure the consumer is home and that you feel safe before entering
- Ask whether there are other people at home
- Be aware of home layout and exit routes
- Keep keys and mobile phone on you
- Conduct a quick assessment of displayed behaviours of the consumer or other people in the home
- Identify any possible hazards and implement appropriate control measures

Staff should not enter a consumer's home if they hear people arguing, see people using alcohol or drugs or if they feel threatened. If staff become concerned for their safety or are threatened with physical harm they must leave immediately, drive to a safe location and then contact Westmont, or if urgent or necessary, the police.

If a staff member is unable to exit the consumer's home, they must immediately phone Westmont and follow the 'Worker in Danger' Work Instruction.

In the event of an incident staff will be required to ring Westmont immediately and/or 000, or as soon as safe to do so, and report the incident. Staff will complete an Adverse Event Form within 24 hours of the incident.

The Director of Community Care will review and complete the Adverse Event Form and provide debriefing, support and/or ongoing counselling if required.

Fire safety

Staff will implement basic measures to prevent a fire from starting, such as:

- Using your Residual Current Devices (RCD's) with the consumer's electrical appliances
- Ensuring the consumer does not smoke while the services is being conducted
- Ensuring gas ovens are turned off after use
- Monitoring heaters/wood fires in winter

If there is a fire in a consumer's home while staff are providing services, they must:

- Ring 000 immediately
- Do not put yourself at risk
- Assist the consumer to evacuate the home only if it safe to do so
- Move yourself and the consumer onto the nature strip of the house and wait for emergency services to arrive
- Report the fire to Westmont as soon as it is safe to do so

Training

Training in risk management, incident reporting and emergency procedures is provided to staff and volunteers at induction, at meetings and through refresher training.

Staff who work with or provide services directly for consumers must maintain current qualifications in First Aid and Cardiopulmonary Resuscitation (CPR).

Review and Continuous Improvement

Westmont is committed to the review and continuous improvement of risk management.

Completion of Pre-Home Visit Risk and Safety Screening Phone Checklists, Home Inspection (OHS) Checklists and Outing Risk Assessments are reviewed monthly. The review identifies whether the checklists were completed and where risks were identified that appropriate action has been taken to record and minimise the risk. Any non-compliance is recorded, reported and actioned.

Client Feedback Forms and Adverse Event Forms are reviewed for opportunities to improve processes. Where an improvement is required, collective planning is undertaken before putting processes into practice. Outcomes are monitored and audited, and processes, procedures and work instructions are updated where improvement is noted. Changes and improvements are communicated to staff through newsletters, emails, meetings, training sessions and reading of updated procedures and work instructions.

Date approved:	September 2020	By Department:	DCC		
To be reviewed:	September 2023	By Department:		Key changes:	

Short Term Support Services During a Pandemic

POLICY

We will provide short-term support services to consumers being discharged from a hospital during a pandemic on the provision that the consumer is tested negative to the disease on discharge from the hospital.

Staff and volunteers will not provide services to a consumer if they are unwell or meet any of the screening criteria of the disease.

PROCEDURES – COVID-19

Staff will ask the consumer the following questions at the consumers front door prior to entering the clients home and commencing services:

- Do you or anyone in the house have a fever or acute respiratory infection (cough, sore throat, shortness of breath, runny nose or loss of smell) that is not part of the person’s usual health condition?
- In the last 14 days, have you or anyone you have spent time with been in contact with a confirmed case of Covid-19?
- In the last 14 days, have you or anyone you have had contact with required testing for Covid-19 or have been asked to self-isolate?
- Are there any visitors present in the house who do not live here?

If the consumer answers yes to any of the screening questions, the staff member will return to their car and notify Westmont immediately.

Staff are required to wear a mask, follow standard infection control processes and practice social distancing where possible when providing services.

Date approved:	July 2020	By Department:	Executive		
To be reviewed:	July 2023	By Department:		Key changes:	